VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

March 23, 2016

Ms. Barbara Barron-Rolfe, Administrator
Barbara's 1840 House, Inc
Po Box 536
Wallingford, VT 05773

Dear Ms. Barron-Rolfe:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 19, 2016.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0613	A. BUILDING: _____ B. WING _____	01/19/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARBARA'S 1840 HOUSE, INC	PO BOX 536 WALLINGFORD, VT 05773

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensure survey was conducted on 1/19/2016 by the Division of Licensing and Protection. The following regulatory deficiencies were identified:	R100		
R173 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h. (1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys This REQUIREMENT is not met as evidenced by: Based on observation the facility failed to assure that resident medications that the home manages are stored in locked compartments under proper temperature controls. Findings include: Per observation and staff interviews, Resident #3 has a controlled substance requiring refrigeration. His/Her medication is kept in a dorm sized refrigerator in a closet of his/her bedroom. The refrigerator is not locked however the closet door does have a lock and is routinely locked. There is no temperature log for the refrigerator nor is there a thermometer in the refrigerator. The medication instructions state that the medication should be stored at temperatures of 37-46 degrees F. In an interview on 1/19/2016 the facility Manager confirmed that the controlled substance was not	R173		

R173-R302 POCs accepted 3/22/16 mmeehan

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R173	Continued From page 1 stored under double lock and that the refrigerator temperature was not being monitored.	R173		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to assure that all staff providing direct care to residents received at least twelve (12) hours of training each year which included	R179		

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R179	Continued From page 2 the seven topics listed in the regulation. Findings include: Per record review the facility listed the seven required topics and had a sheet or sheets of information which was brief and not complete for these topics which the staff were reviewing on a monthly basis. There is no evidence in the training log of any additional trainings not that the trainings consisted of twelve hours of the required topics and additional topics applicable to the residents residing in the home. There is no sign in sheet for each training nor is there any measure of competence (such as testing) to assure staff understanding. In an interview on 1/19/16 at 4:20 PM the facility manager confirmed that the training log reflected the education provided in 2015 to direct care staff.	R179		
R221 SS=E	VI. RESIDENTS' RIGHTS 6.7 Residents may manage their own personal finances. The home or licensee shall not manage a resident's finances unless requested in writing by the resident and then in accordance with the resident's wishes. The home or licensee shall keep a record of all transactions and make the record available, upon request, to the resident or legal representative, and shall provide the resident with an accounting of all transactions at least quarterly. Resident funds must be kept separate from other accounts or funds of the home. This REQUIREMENT is not met as evidenced by: Based on staff interview the facility failed to	R221		

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R221	Continued From page 3 assure that there was a resident/representative written request for the facility management of personal funds and that the resident/representative were provided quarterly statements of all transactions. Findings include: Per interview with the facility Manager on 1/19/2016 at 10:45 AM the facility does manage personal funds accounts for residents. S/he stated during the interview that residents or their representatives were not asked to sign a request for the management of personal funds and that the facility did not provide a quarterly statement of transactions for each account.	R221		
R224 SS=D	VI. RESIDENTS' RIGHTS 6.12 Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints as described in Section 5.14. This REQUIREMENT is not met as evidenced by: Based on observation and staff interviews the facility failed to assure that residents were free from restraints for resident #1. Findings include: Per observation, Resident #1 has side rails. Resident #1 resides on the second floor of the residence. The side rails are full rails. In an interview with the Manager on 1/18/2016 s/he stated that R#1 does not attempt to get out of bed but she has fallen out of bed one time. The physician has ordered side rails due to the residents fall and seizures. The manager states that they have considered bedside mats and	R224		

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R224	Continued From page 4 lowering the bed. Residents are observed by the overnight staff hourly. The hourly checks and attempts to use alternatives to side rails are not documented.	R224		
R302 SS=D	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that fire drills are conducted which rotate times of day among morning, afternoon, evening, and night. Findings include: Per record review the facility did not conduct fire drills later than 7 PM. In an interview on 1/19/2016 at 3:15 PM the facility manager stated that no fire drills were conducted after 7 or 8 PM because of concerns regarding residents on the second floor being sleepy and unsteady due to bedtime medications and having to negotiate the	R302		

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R302	Continued From page 5 stairs.	R302		

Barbara's 1840 House Inc. Correction Plan 2/10/16

R221- A system has been in place where resident's spending money only is assisted by staff. All guardians have verbally approved of system, and are offered it for review each time that they are at the facility. A mailing of written agreement forms to quantify the verbal approval has been sent to each guardian (2/5/16) and will be retained on file when returned. A quarterly report of finances will be mailed to each guardian as of (4/1/16).

R224- Please also see attached updated Level of Care Variance dated 2/2/16, letter of support from guardian 2/2/16, and approval of requested variance dated 2/18/16, as well as current 2/8/16 State Fire Marshall Report with full approval.
Bed rails are prescribed by Physician for resident comfort and safety, rather than a restraint, as she is fully able to exit bed.
Mats have been purchased for floor of bedroom and are in use (1/1/16) On an ongoing basis (2/1/16) ou Staff is working with physician, guardian, and RN to develop a plan to gradually reduce use of rails, with trials documented in daily log (ongoing-2/1/17). On nights that rails do need to be used, staff will be in physical/auditory/visual proximity sufficient to provide any necessary assistance, for either enhancing comfort or safety in one minute or less. Our current staffing pattern of dedicated, well trained staff is more than adequate to meet this need. We will continue to work with DLP and guardian and physician to meet and exceed client safety and comfort.

R302 – Regular Fire drills are conducted and documented and readily available. In addition, during the month of February (by 2/29/16) we will conduct in addition an unannounced night drill at 10 pm or later, and for the future add a 10pm or later drill to our regularly scheduled drills and document accordingly.(2/29/16) Facility is fully sprinklered (3/1/14) and State Fire Marshall report of 2/8/16 noting 100% compliance is attached. Our policy will always include one or more night drills yearly to be conducted and documented. Additionally, State Fire Marshall visited 2/8/16 and met with Licensee and Staff, which will be included in training log.

R173- A lock box was purchased and placed inside the fridge with medication locked inside. (1/22/16)
Closet door continues to be locked.
Thermometer has been purchased exclusively for that fridge (2/2/16), and temperature log is in place and now used daily and available for review.(2/2/16)

R179 A Staff Training Manual has been in use with a curriculum covering the 7 areas and was reviewed by surveyor (1/19/16). We are augmenting this manual as of (1/22/16). Licensee met with a representative of Rutland Mental Health who provided training material for Area #5 and will be conducting training on that area (3/2/16). Our RN, Cathleen Paulin, will also provide competency testing for area#3 (3/1/16). The State Omsbudsman, Jane Monroe, visits quarterly and provides additional training on areas #1 and #4. WE have a Current Fire Marshall report, and during that visit (1/21/16) a walk through was conducted by the Fire Department, with recommendations logged and added to area #2. A more detailed sign off sheet has been constructed for each staff to display competency, and is available for Surveyor Review. On an ongoing basis, specific trainings in each of the 7 areas will be conducted and the training log will expand to include the newly presented training materials.

Kevin M. Burke Licensee

See next pg.

Update to R224 3/22/16

As of 3/22/16 half rails were installed by medical company and full rails are no longer in use. Additional padding and rugs were installed on bedside floor.

R173, R179, R221 - R302 POC's accepted 3/22/16 PMcotaPN